



Attorney's Docket No.: 08041-007001

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Henrick K. Gille et al. Art Unit : 3732
Serial No. : 09/546,097 Examiner : Unknown
Filed : April 10, 2000
Title : CUTTING AND CAUTERIZING SURGICAL TOOLS

Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Please correct the filing receipt for the above-referenced application to correct the residence address of Fritz A. Brauer from [Oceauerde, CA] to - - Oceanside, CA - -.

A copy of the original Filing Receipt showing the desired changes in red ink, and a copy of the Combined Declaration and Power of Attorney signature page showing the correct address, is attached for your convenience.

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Respectfully submitted,

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7/21/00

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I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/546,097	04/10/2000	3732	665	08041-007001	8	31	7

20985
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Henrick K. Gille, Oceanside, CA ;
William D. Fountain, Carlsbad, CA ;
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OCEANSIDE, CA

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/175,772 01/12/2000

Foreign Applications

If Required, Foreign Filing License Granted 06/14/2000

** SMALL ENTITY **

Title

Cutting and cauterizing surgical tools

Preliminary Class

606

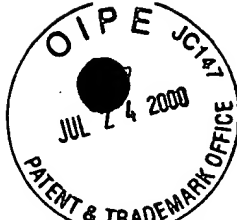
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Data entry by : HALLMAN, LINDA

Team : OIPE

Date: 07/17/2000





Attorney's Docket No.: 08041-007001
Client's Ref. No.:

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Bib Data Sheet


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SERIAL NUMBER 09/546,097	FILING DATE 04/10/2000 RULE -	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 08041-007001						
APPLICANTS Henrick K. Gille, Oceanside, CA ; William D. Fountain, Carlsbad, CA ; Fritz A. Brauer, Oceanside, CA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/175,772 01/12/2000 <i>WJ</i> ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/14/2000 ** SMALL ENTITY **										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 7					
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TITLE										
Cutting and cauterizing surgical tools										
FILING FEE RECEIVED 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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